

SHRI R.L.P. VERMA : But the Government should look into it.

SHRI SALEEM IQBAL SHERVANI : We will think over it.

[English]

SHRI SONTOSH MOHAN DEV (Silchar) : Sir, though the question relates to CGHS, my point is about a system that was followed for the benefit of the poorest of the poor. Earlier, when the Members of Parliament used to write to the Prime Minister recommending financial assistance for treatment of poor patients, the sanction for the same used to be given on the basis of a certificate from the hospital where the patient was admitted for treatment. I would like to know whether this practice has been done away with or not. If that system is still in practice, would you kindly consider increasing of the quantum of money that is given at present? Rs. 20,000 to Rs. 30,000 is the maximum amount that is given from the Prime Minister's Relief Fund. As has been said by many hon. Members, that nowadays the cost of operation is about Rs. 80,000 to Rs. 1,00,000; then there are other ancillary expenditure like travel and things like that. Apart from this, keeping in view the rate of inflation, this amount of donation or help should also be increased accordingly. Kindly give your reactions on this.

SHRI SALEEM IQBAL SHERVANI : Sir, this matter is already under our consideration. We have a limit to sanction. The authority to sanction which rests with the Minister of Health is only upto Rs. 20,000. The cost of operation may be Rs. 80,000 or Rs. 1,00,000 depending upon what kind of an operation it is. We are already considering this aspect. We are trying to make a representation where we are asking that there should be no limit for sanction; we should have funds which we should be allowed to give as per the due requirement of the patients and according to what the treatment would cost the patient.

Sir, regarding the Prime Minister's Relief Fund, the discretion is with the Prime Minister. He could sanction Rs. 20,000 or Rs. 30,000 or Rs. 40,000. But the Minister of Health has the authority to sanction only Rs. 20,000 per patient.

[Translation]

#### Health Services to Public

\*342. SHRIMATI BHAVNABEN DEVRAJ BHAI  
CHIKHALIA :

SHRIMATI SHEELA GAUTAM :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Union Government are aware that per capita expenditure on medical facilities spent in India is much less as compared with other Asian countries;

(b) if so, the steps propose to be taken by the Union Government to provide better medical facilities to the public; and

(c) the funds earmarked for the Health and Family Welfare Programme in 1996-97 and in the Eighth Five Year Plan?

[English]

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) to (c) A statement is laid on the Table of the Lok Sabha.

#### STATEMENT

(a) The per capita expenditure on health in India is higher than several other countries in Asia. The per capita health expenditure for the year 1990 in some of the Asian Countries is indicated at Annexure.

(b) Whereas health is primarily a state subject, the Centre has been providing technical and financial assistance in all critical areas which affect health services and disease control. Promotive, preventive, curative and rehabilitative health care services are being provided to the people through a network of Sub-centres, Primary Health Centres, Community Health Centres established and State levels. Several communicable and non-communicable disease control/eradication programmes are being implemented throughout the country. Efforts have been made during successive Five Year Plans to strengthen various teaching institutions to train medical and paramedical personnel required for the Health Care Delivery System. Emphasis has been given for child survival and safe motherhood programmes including immunisation. Biomedical Research facilities have been augmented for research in priority areas. Efforts have been made for inter-sectoral coordination with other related Departments and involvement of voluntary organisations/NGOs and private sectors in the delivery of Health Care Services in both rural and urban areas. In addition, to augment the resources available for health sector certain new initiatives have been taken like mobilisation of external assistance for various disease control programmes and strengthening of selected State Health Systems.

(d) During 1996-97 and Eighth Five Year Plan the funds allocated for Health and Family Welfare (including Central, State/UT sector) are as under :

	(Rs. in Crore)	
	8th Five Year Plan	1996-97
i. Health	7582.19	Not yet finalised for States/UTs. However, for Central Sector Health Programmes including ISM and Homoeopathy, the outlay is Rs. 815.00 crores.
ii. Family Welfare	6500.00	1535.00

## ANNEXURE

*Per Capita Health Expenditure for the year  
1990 in US \$.*

Countries -	
Malaysia	71
Thailand	72
China	11
Sri Lanka	18
Indonesia	12
Pakistan	12
India	21
Bangladesh	7
Nepal	7

Source : The World Health Report 1995-Bridging the Gaps

[Translation]

SHRIMATI BHAVNABEN DEVRAJ BHAI CHIKHALIA : Hon. Speaker, Sir, I would like to tell the hon. Minister, that our slogan Health for All has become a joke, though we talk of implementing policy of liberalisation, economic liberalisation and globalisation.

The order of priority to the health services has come down after the implementation of this policy. During the last five years and if we see in the perspective of the earlier Five Year Plans, we will find that the expenditure on it is going down continuously. Whether the Government is giving attention towards it? No care is being taken for the health of the children in our country.

In Gujarat, our Government is taking care of the health of every child this time and the health of every child was examined recently. Whether the Government of India has ever thought of examining the health of every child?

SHRI SALEEM IQBAL SHERVANI : We are implementing a number of schemes. Some are being operated hundred percent by the centre and some are being run by sharing with states on 50:50 basis. If we take the total G.D.P. into account, we will find that except America, our expenditure on health is no less than any other country. But our population is very large and we lack funds. Taking this into consideration we try to give maximum facilities. There are a number of constraints in our way. We are trying to involve world bank in it. Some states have also been involved in it. This includes Punjab, West Bengal, Karnataka etc. We had included Andhra Pradesh in the first phase. We are covering 6-7 more states in the next phase so that our priority to increase and implement these facilities is achieved.

SHRIMATI BHAVNABEN DEVRAJ BHAI CHIKHALIA: Hon Speaker, Sir, the hon. Minister has just started that they are spending money on the basis of states and

population and growing unemployment is our greatest problem. In reply to my question, he has mentioned the names of 11 countries and also the per capita expenditure in American dollars on health. He has shown this figure as 21 dollars in case of India. This is not correct. These figures seem to be incorrect. Secondly, we have taken a decision that anyone who becomes a doctor after qualifying M.B.B.S., M.D. or M.S will have to work in the village. But no doctor is willing to go to the village. Why is it so? Have you ever gone through it to know the reason? If a doctor is asked to go and work there, he evades it. The main reason is that there is no primary facility available in the villages. The villages lack roads, drinking water and schools for giving good education. Whether the Government have made any effort in this direction so that the doctors may go to the villages and work there?

[English]

SHRI SALEEM IQBAL SHERVANI : This is really a matter of concern. Nobody can deny the fact that today in spite of the fact they are trying to place Doctors, they are not going there because of lack of infrastructure facilities and lack of education. We are trying to place them there so that better and better facilities are provided, but we have our limitation also. We are looking into the problem

[Translation]

You have suggested that we may implement it through some resolution by which two years service by the doctors in the villages is made compulsory. I would like say that this matter is under our consideration.

SHRIMATI SHEELA GAUTAM : The reply of the Minister does not seem to be correct. There is a slogan of the Government "Health for All". This slogan has remained only a slogan. Health is not seen anywhere. The way the children look ill shows that this slogan has remained only a slogan. The figures given by the hon. Minister does not seem to be correct. As per this Budget the expenditure on per person is two and a half paise. Now what one can buy with this two and a half paise. One cannot even buy poison from the market with this amount. Then wherefrom the question of buying medicine arises. I would like to ask from the hon. Minister whether he would increase this amount in the Eighth Plan, taking into consideration the population.

Secondly, there are two aspects of health. One is protection of health. It means that we come to know which disease or epidemic like cholera or plague is going to outbreak so that we may take precaution and another one is treatment of illness. This means that when a person suffers from some disease, he should be treated. Then, I would like to know how much money have you allotted on both these town, separately?

SHRI SALEEM IQBAL SHERVANI : The figures which I have quoted.

[English]

They are as per the Report of the World Health Organization.

[Translation]

Survey was conducted here and we have supplied those figures. We have quoted the figures of W.H.O. As far the question of its budget is concerned. I would say that our population is very large. We operate that budget which comes from Finance Ministry. If you quote it on the basis of population. Then it always falls short. However, under these circumstances, whatever better facilities we can give, we are providing. We have some schemes which are sponsored centpercent by us. There are other schemes in which we share 50 percent and the remaining 50 percent is borne by the concerned State Government.

So far ailments are concerned, we supply sufficient medicines, DDT etc. We take preventive measures. The staff of State health services spray DDT, distribute medicines, undertake immunization and so on. If shortage of these things takes place there, it doesn't mean that the Centre has not sent them medicines or DDT has not been sprayed. It becomes difficult for us to monitor whether they have done the job properly or not. As regards schemes I would like to say that that whereas in 1950, the infant mortality was 147 per thousand, it has come down to 74 per thousand in 1994. Therefore, things have improved because we have taken such steps. It will be wrong if we become satisfied and think that we have achieved every thing because we have drawn up 'Health for All' Plan upto 2000 AD and we have fixed targets in it. We have achieved one-two targets. We are lagging behind in the matter of some targets but we are trying to achieve them at the earliest.

SHRI SHIVRAJ SINGH : Hon. Speaker, Sir, whatever information about the schemes has been given, this is only on paper. Even today, thousands of people die every year due to cholera, gastro-enteritis and diarrhoea in Madhya Pradesh and other tribal areas during rainy season. As the hon. Members has stated, even after 50 years of independence, doctors are not ready to go to these tribal and far-flung areas. Even after being posted by the Government, they do not go there. The measures which you have stated are not being implemented. May I know what steps are you taking to prevent these epidemics?

SHRI SALEEM IQBAL SHERVANI : We have formulated a surveillance programme which is aimed at to pre-empt epidemics. Our teams visit those areas where the outbreak of the epidemics takes place or where there is likelihood of its outbreak and they take steps to prevent it. The teams of doctors try to control the diseases with medicines as early as possible. In this way we send the surveillance teams there.

[English]

SHRI RUPCHAND PAL : May I know from the hon. Minister : (a) whether it is a fact that the Government after reports of cases of plague and cerebral malaria in epidemic form in certain parts of the country had set up an Expert Committee : (b) whether it is a fact that Expert Committee had made certain recommendations with regard to the Government's policy in respect of public health; and (c) if yes, what are the salient features of the recommendations?

SHRI SALEEM IQBAL SHERVANI : Sir, I would need a separate question for that. But the fact of the matter is that the Committee was set up after the outbreak of plague and the Committee had submitted its Report. But once I get the question, I would write back to you on this.

SHRI V.M. SUDHEERAN : Sir, the Central Council for Health and Family Welfare have discussed in detail the question of making available services of doctors to the rural areas. They have made certain recommendations also. May I know from the hon. Minister whether the Government have examined the question so far and have they taken any steps in this regard?

SHRI SALEEM IQBAL SHERVANI : Sir, this is a very burning problem. We are considering the recommendations. We want to come out with a policy where the rural health can be adequately looked into. The hon. Member has raised a question regarding placement of doctors in the rural areas. It is very much under our consideration. I would be coming out with the answer very soon on this.

SHRI BIJOY HANDIQUE (Jorhat) : Mr. Speaker, Sir, the hon. Minister's statement says that "Emphasis have been given for 'safe Motherhood Programme'."

According to a World Bank Report titled *Development in Practice - Improving Women's Health in India* released recently, India has about fifteen per cent of world's population but accounts for twenty-five per cent of world's maternal deaths. The Report portrays a grim condition facing the millions of Indian women and calls for immediate measures to ameliorate their condition.

May I know from the hon. Minister—since the Government is committed to improving women's lives, which means women's health - whether the Government agrees to the findings of the Report and if so, what specific and time-bound measures are being contemplated to reduce rate of maternal deaths in the country?

SHRI SALEEM IQBAL SHERVANI : Sir, we are working on a State Health System Project. This is aided by the World Bank. In the first phase, we have taken up Andhra Pradesh. The sanction given to us was to the tune of Rs.600 crore. In the second phase, we took up Karnataka, Punjab and West Bengal. The sanction given to us was to the tune of Rs. 1669 crore. And in the third

phase, we are taking up some other States which are under negotiation with the World Bank. The primary object of this is to improve the infrastructure and health facilities at the primary level and at the village level where most of the people get affected. We have done it in Karnataka. We have done it in West Bengal. We have done it in Punjab. We have done it in Andhra Pradesh. We are, now, working into the areas of other States so that we can improve these facilities and reduce the sufferings that the women are facing.

#### Facilities at Ports

\*343. SHRI AMAR PAL SINGH : Will the Minister of SURFACE TRANSPORT be pleased to state :

(a) whether two third of the export/import volume is handled at sea ports;

(b) whether the Government propose to improve the goods handling facilities at ports; and

(c) if so, the details thereof?

THE MINISTER OF SURFACE TRANSPORT (SHRI T.G. VENKATRAMAN) : (a) to (c). A statement is laid on the Table of the Lok Sabha.

#### STATEMENT

(a) Yes, Sir. About 90% of export/import trade is being handled through the major ports.

(b) and (c). Yes, Sir. The Eighth Five Year Plan provides for an outlay of Rs.3000 crores for the development of Major Ports including Modernization and creation of cargo handling facilities. A number of Schemes have completed or are under implementation which when completed will result in increasing the capacity from 169 million tonnes at the beginning of the Eighth Plan to 228 million tonnes.

[Translation]

SHRI AMAR PAL SINGH : Hon. Speaker, Sir, the hon. Minister has stated in his reply that a provision of Rs.3000 crores has been made for the development and modernisation of ports in the Eighth Five Year Plan. A number of schemes have been completed.

I would like to know from the hon. Minister the names of schemes which have been completed and the names of ports which have been developed and the amount of money which has been spent on each of them.

May I know whether the Government considers it necessary to privatise ports? If so, the time by which decision is likely to be taken in this regard and the details thereof?

[English]

SHRI T.G. VENKATRAMAN : Sir, the list which my friend has asked for is a very long list. Now, I can give

a gist of that list. The list includes, -1992-93 - Construction of breakwater and wharf on the northern side of Androth Island in Lakshadweep. Procurement of an Oil Skimmer-cum-Buoy tender for Cochin Port.

It also includes construction of breakwater on the eastern side of Kalpeni Island in Lakshadweep and construction of multipurpose cargo berth at Paradip Port.

For Procurement of Pilot Vessel for Calcutta Port, the estimated cost is Rs.30.19 crore. For the construction of New port at Ennore near Madras for handling thermal coal, the estimated cost is Rs. 593.90 crore. For the creation of mechanised coal handling facilities at Paradip and construction of two coal berths, the estimated cost is Rs.587.41 crore. For the construction of an approach bridge to Service Berth at Jawaharlal Nehru Port, the estimated cost is Rs.13.09 crore. For the construction of Breakwater and Wharf at MUS in Car Nicobar, the estimated cost is Rs.47.63 crore. For the replacement of Dredger Vikas by Bombay Port, the estimated cost is Rs.30 crore. For the procurement of three numbers of 20 Ton Electric Wharf cranes at Madras Port, the estimated cost is Rs 38 crore. For the procurement of one 32 Ton high powered BP Tractor Tug for Tuticorin Port, the estimated cost is Rs.15.40 crore.

MR. SPEAKER : Mr. Minister, you can give him the list separately.

SHRI T.G. VENKATRAMAN : Yes, Sir.

[Transl 'ion]

SHRI AMAR PAL SINGH : My another supplementary question is that the turn around time of ships on Indian ports ranges from 4 days to 10 days whereas this time ranges from 6 hrs. to 48 hrs on foreign pots. According to the World Bank, the Indian exporters and importers are incurring loss of Nine hundred crores of rupees. By what time, the Government is going to present this loss and whether it is a fact that though deals were struck to export 15 lakh tonnes of wheat, only 7 lakh tonnes wheat could be exported due to lack of infrastructures? If it is ture, then why the Government could not fulfill the deal to export wheat which is linked with the economic condition of the farmers?

[English]

SHRI T.G. VENKATRAMAN : Sir, I want a separate notice for this. It is really a question which requires to be thought over. So I want a separate question on this.

SHRIMATI KRISHNA BOSE . I find that in the Eighth Five Year Plan, you have provided Rs.3000 crore for the development of major ports including modernization. Now the Calcutta Port and the adjoining Netaji Subash Dock need to be looked after and the Hooghly river these badly needs dredging operation because no big ship or even reasonably big ship can come into the Port these days. I would like to know whether you have taken up any plan out of these Rs.3000 crore for the